


FILED

Apr 25, 2005 08:00 AM  
Secretary of State**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S35568</b> 1. Entity Name <b>CERTIFIED HEALTH CARE SERVICES, INC.</b>			
Principal Place of Business <b>3190 N STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US</b>		Mailing Address <b>3190 N. STATE RD SEVEN LAUDERDALE LAKES, FL 33319 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
4. FEI Number <b>65-0275037</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, CLYTIE 12490 SW 7TH PLACE DAVIE, FL 33325</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CAMPBELL, CLYTIE 12490 SW 7TH PL DAVIE, FL		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MUNFORD, MAIUA 12490 SW 7TH PL DAVIE, FL		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CAMPBELL, ANDREA 12490 SW 7TH PL DAVIE, FL		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COSTANZO, SUZETTE 9864 NOB HILL LANE SUNRISE, FL		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
<b>SIGNATURE:</b> _____		_____	



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